

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851384

Entity Name: ILSCO CORPORATION

FILED
Feb 24, 2004
Secretary of State

Current Principal Place of Business:

4730 MADISON ROAD
CINCINNATI, OH 45227

New Principal Place of Business:

Current Mailing Address:

4730 MADISON ROAD
CINCINNATI, OH 45227

New Mailing Address:

FEI Number: 31-0208980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESIDENT AGENT CORP. OF PINELLAS COUNTY
980 TYRONE BLVD.
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FITZGIBBON, DAVID
Address: 4730 MADISON ROAD
City-St-Zip: CINCINNATI, OH

Title: VST () Delete
Name: VALENTINE, JAMES,
Address: 4730 MADISON RD.
City-St-Zip: CINCINNATI, OH

Title: VD () Delete
Name: BARDES, MERRILYN
Address: 4730 MADISON ROAD
City-St-Zip: CINCINNATI, OHIO 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZGIBBON, DAVID
Address: 4730 MADISON ROAD
City-St-Zip: CINCINNATI, OH 45227 US

Title: VST (X) Change () Addition
Name: VALENTINE, JAMES,
Address: 4730 MADISON RD.
City-St-Zip: CINCINNATI, OH 45227 US

Title: VD (X) Change () Addition
Name: BARDES, MERRILYN
Address: 4730 MADISON ROAD
City-St-Zip: CINCINNATI, OH 45227 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E VALENTINE

VST

02/24/2004

Electronic Signature of Signing Officer or Director

_____ Date